

News Flash – On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (PPACA). The Centers for Medicare & Medicaid Services (CMS) is working hard to expeditiously implement the new law. The law's Medicare fee-for-service provisions have varying effective dates and CMS' first priority is to address provisions with the earliest effective dates. CMS is committed to assuring Medicare providers are well informed as early as possible. For that reason, CMS is urging you to be on the alert for notices and instructions from CMS and from your Medicare fiscal intermediary, carrier, or Medicare Administrative Contractor, on forthcoming policy and operational changes as we implement the PPACA.

MLN Matters® Number: MM6472 Related Change Request (CR) #: 6472

Related CR Release Date: June 19, 2009 Effective Date: October 1, 2009

Related CR Transmittal #: R506OTN Implementation Date: October 5, 2009

Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 005010 Medicare Administrative Contractors Requirements

# **Provider Types Affected**

Physicians, providers, and suppliers submitting claims to Medicare contractors (DME Medicare Administrative Contractors (DME MACs) and/or A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries.

### **Provider Action Needed**

This article is informational only for providers. It is based on Change Request (CR) 6472 which provides Medicare Administrative Contractors (MACs), and DME MACs, and the DME MACs Common Electronic Data Interchange (CEDI) Contractor with requirements to prepare their systems to process ASC X12 (also known as ANSI ASC X12) version 005010 (both A/B and DME MACs) transactions and National Council for Prescription Drug Programs (NCPDP) version D.0 (only DME) transactions. While CR 6472 requires no action for providers, you may want to review MLN Matters® article SE0904, at

<u>http://www.cms.gov/MLNMattersArticles/downloads/SE0904.pdf</u>, for an introductory overview of these HIPAA standards.

### Disclaimer

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## **Background**

The Secretary of the Department of Health and Human Services (DHHS) has adopted Accredited Standards Committee (ASC) X12 version 5010 and National Council for Prescription Drug Programs (NCPDP) version D.0 as the next Health Insurance Portability and Accountability Act (HIPAA) transaction standards for covered entities to exchange HIPAA transactions. The DHHS published the final rule on January 16, 2009, which can be reviewed at <a href="http://edocket.access.gpo.gov/2009/pdf/E9-740.pdf">http://edocket.access.gpo.gov/2009/pdf/E9-740.pdf</a> on the Internet. The Centers for Medicare & Medicaid Services (CMS) is in the process of implementing this next version of HIPAA transaction standards.

The purpose of Change Request 6472 is to provide the MACs and the DME MACs Common Electronic Data Interchange (CEDI) Contractor with the necessary requirements to prepare their systems to process ASC X12 version 005010 (both A/B and DME MACs) and NCPDP version D.0 (only DME) transactions.

**Note:** The DHHS has promulgated in the Final Rules provisions which permit dual use of existing standards [ASC X12 4010A1 and NCPDP 5.1] and the new standards [ASC X12 version 5010 and NCPDP version D.0] from March 17, 2009 (the effective date) until January 1, 2012 (the compliance date) to facilitate testing (subject to trading partner agreement).

## **Additional Information**

The official instruction, CR 6472, issued to your MAC or DME MAC regarding this change may be viewed at

<u>http://www.cms.gov/Transmittals/downloads/R506OTN.pdf</u> on the CMS website.

If you have any questions, please contact your MAC or DME MAC at their toll-free number, which may be found at

<u>http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip</u> on the CMS website.

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